

## **Application Data Sheet**

### **Application Information**

<b>Application Type::</b>	Regular
<b>Subject Matter::</b>	Utility
<b>Suggested classification::</b>	
<b>Suggested Group Art Unit::</b>	
<b>CD-ROM or CD-R?::</b>	None
<b>Computer Readable Form (CRF)?::</b>	No
<b>Title::</b>	SUBCUTANEOUS INFUSION SET
<b>Attorney Docket Number::</b>	047711-0331
<b>Request for Early Publication?::</b>	No
<b>Request for Non-Publication?::</b>	No
<b>Suggested Drawing Figure::</b>	1
<b>Total Drawing Sheets::</b>	10
<b>Small Entity?::</b>	No
<b>Petition included?::</b>	No
<b>Secrecy Order in Parent Appl.?::</b>	No

### **Applicant Information**

<b>Applicant Authority Type::</b>	Inventor
<b>Primary Citizenship Country::</b>	US
<b>Status::</b>	Full Capacity
<b>Given Name::</b>	Leif
<b>Family Name::</b>	Bowman
<b>City of Residence::</b>	
<b>Country of Residence::</b>	

**Street of mailing address::**

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Albert  
**Family Name::** Candioty  
**City of Residence::**  
**Country of Residence::**  
**Street of mailing address::**

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Milad  
**Family Name::** Girgis  
**City of Residence::**  
**Country of Residence::**  
**Street of mailing address::**

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Thomas  
**Family Name::** Rudolph  
**City of Residence::**  
**Country of Residence::**  
**Street of mailing address::**

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US

**Status::** Full Capacity  
**Given Nam ::** Fred  
**Family Name::** Houghton  
**City of Residence::**  
**Country of Residence::**  
**Street of mailing address::**

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Jason  
**Family Name::** Adams  
**City of Residence::**  
**Country of Residence::**  
**Street of mailing address::**

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Brian  
**Family Name::** Highley  
**City of Residence::**  
**Country of Residence::**  
**Street of mailing address::**

#### **Correspondence Information**

**Correspondence Customer Number::** 23392  
**E-Mail address::** PTOMailLosAngeles@Foley.com

### Representative Information

<b>Representative Customer Number::</b>	23392	
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### Domestic Priority Information

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>

### Foreign Priority Information

<b>Country::</b>	<b>Application number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>

### Assignee Information

**Assignee name::** Medtronic MiniMed, Inc.